


**TRADITIONAL TRACK: Intern Self-Reported Levels of Proficiency**

	<i>Not at all proficient</i>	<i>Acquainted but not proficient</i>	<i>Adequate</i>	<i>Confident</i>	<i>Advanced</i>
Test-by-Test Report-Writing (clarity, style, and efficiency)	1	0	0	1	0
Integrated Report-Writing (clarity, style, and efficiency)	0	0	0	2	0
Objective assessment measure administration (i.e., MMPI-2-RF/PAI)	0	0	0	1	1
Objective assessment measure interpretation (i.e., MMPI-2-RF/PAI)	0	0	0	1	1
Projective assessment measure administration (i.e., R-PAS)	1	0	0	1	0
Projective assessment measure interpretation (i.e., R-PAS)	1	0	0	1	0
IQ & Achievement measure administration (i.e. WAIS/WISC)	0	0	0	1	1
IQ & Achievement measure interpretation (i.e. WAIS/WISC)	0	0	0	1	1
Primary Care Assessment & Screeners	1	0	1	0	0
Developmental Assessment (Autism Spectrum, etc.)	0	1	0	1	0
School & Early Childhood Screeners (BASC, Conners, etc.)	0	1	0	1	0
Forensic & Correctional (Malingering, etc.)	1	1	0	0	0
Risk Assessment: Suicidal/Homicidal	0	0	0	1	1
Risk Assessment: Sexual Offenders & Psychosexual	2	0	0	0	0
Substance Abuse Assessment & Intervention	1	1	0	0	0
Applied Behavior Analysis Therapy	2	0	0	0	0
Diagnostic Formulation	0	0	0	1	1
Private Practice principles and approach	2	0	0	0	0
Primary Care delivery and philosophy	2	0	0	0	0
Motivational Interviewing	0	1	1	0	0
Accountable Care & Behavioral Health Business principles and philosophy	2	0	0	0	0
Community Mental Healthcare Clinics structure and approach	0	0	1	1	0

**IHC TRACK: Intern Self-Reported Levels of Proficiency**

	<i>Not at all proficient</i>	<i>Acquainted but not proficient</i>	<i>Adequate</i>	<i>Confident</i>	<i>Advanced</i>
DUKE Health Profile	7	1	0	0	0
Alcohol Use Disorders Identification Test (AUDIT)	1	2	3	1	1
Patient Health Questionnaire (PHQ-9)	0	1	0	2	5
Generalized Anxiety Disorder (GAD-7)	0	1	0	2	5
ACES Survey	1	1	2	0	4
Psychological Assessment (i.e. IQ/Achievement measures, MMPI, RPAS)	0	4	1	3	0
Test-by-Test Report Writing (clarity, style, and efficiency)	2	1	2	3	0
Integrated Report Writing (clarity, style, and efficiency)	0	1	6	1	0
Consultative primary care documentation	2	2	2	2	0
Risk Assessment: Suicidal/Homicidal	0	1	1	4	2
Brief (i.e., 30 minutes or less, 1-4 visits) behavioral interventions for common mental health conditions	0	2	3	3	0
Brief (i.e., 30 minutes or less, 1-4 visits) behavioral interventions for common behavioral health conditions	0	1	5	2	0
Contextual approaches to mental and behavioral health	1	0	3	4	0
Primary Care Behavioral Health model	1	2	0	4	1
Acceptance and commitment therapy	1	1	2	4	0
Behaviorism	0	2	6	0	0
Behavioral Scientist (i.e., training family medicine residents)	2	5	1	0	0
Motivational Interviewing	0	2	4	2	0
Interdisciplinary Communication	0	2	3	3	0
Collaborative Treatment Plans	0	2	3	3	0

**GENERAL QUESTIONS: Intern Self-Reported Levels of Proficiency**

	<i>Not at all proficient</i>	<i>Acquainted but not proficient</i>	<i>Adequate</i>	<i>Confident</i>	<i>Advanced</i>
Program Development & Outcomes Measurement (Organizational)	1	2	7	0	0
Outcome measurement (Patient Outcomes)	0	1	6	3	0
Behavioral Assessment & Treatment Plan Development	0	1	7	2	0
Supervision Theories and Delivery	0	4	5	0	1

**Total # of Interns in Cascades Region and Pacific Region** 14  
**# of Responses Received** 10